

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

RECEIVED Page 1 / 2
SECRETARY OF THE SENATE
PUBLIC RECORDS

16 FEB -2 AM 10:33

1. NAME OF COMMITTEE (in full) USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines. 12FE4M5
Tammy for Illinois

ADDRESS (number and street) PO Box 10793

Check if different
than previously
reported (ACC)

Chicago

CITY

IL
STATE

60610

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00574889

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

IL 00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)
and/or Semi-annual Report

☐ October 15
Quarterly Report (Q3)

☒ January 31
Year End Report (YE)
and/or Semi-annual Report

☐ July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)
Election on in the State of See Line 6(b)
This report also covers the semi-annual period

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on in the State of See Line 6(b)
This report also covers the semi-annual period

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

10/01/2015

through

12/31/2015

and/or ☐ January 1 - June 30

☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

\$0.00

\$20,846.86

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith D. Lowey

Signature of Treasurer

Keith D. Lowey

1/29/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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